

<i>SERFF Tracking Number:</i>	<i>AMMH-125583707</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>20080107-08</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Rule- TRIA 2008 - CPD</i>		
<i>Project Name/Number:</i>	<i>Rule- TRIA 2008 - CPD/20080107-08</i>		

Filing at a Glance

Company: American Modern Home Insurance Company

Product Name: Rule- TRIA 2008 - CPD

SERFF Tr Num: AMMH-125583707 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: 20080107-08

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Mellisa Holder

Disposition Date: 04/11/2008

Date Submitted: 04/02/2008

Disposition Status: Filed

Effective Date Requested (New): On Approval

Effective Date (New): 04/11/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 04/11/2008

State Filing Description:

General Information

Project Name: Rule- TRIA 2008 - CPD

Status of Filing in Domicile:

Project Number: 20080107-08

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/11/2008

State Status Changed: 04/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

It is our intent to adopt the Terrorism Risk Insurance Program Reauthorization Act of 2007 ISO Filing Designation #CL-2007-OTRP1 (forms) and CL-2007-RTRP1 (rules). We are using the expedited filing method for this revision based upon this update being a Federal Mandated revision. Please note: there is no rate change associated with the revision, just an update to the "introduction wording".

SERFF Tracking Number: AMMH-125583707 State: Arkansas

Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$100

Company Tracking Number: 20080107-08

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Rule- TRIA 2008 - CPD

Project Name/Number: Rule- TRIA 2008 - CPD/20080107-08

For informational purposes, we are submitting copies of AMIG #T-3 (01/08) Notice-Offer of Terrorism Coverage Notice – Disclosure of Premium and AMIG #T-4 (01/08) Policyholder Disclosure – Notice of Terrorism Insurance Coverage.

Company and Contact

Filing Contact Information

Mellisa Holder, Filing Analyst mholder@amig.com
 7000 Midland Blvd (800) 759-9008 [Phone]
 Amelia, OH 45102 (513) 947-4929[FAX]

Filing Company Information

American Modern Home Insurance Company CoCode: 23469 State of Domicile: Ohio
 7000 Midland Blvd. Group Code: 127 Company Type:
 Amelia, OH 45102 Group Name: State ID Number:
 (800) 759-9008 ext. [Phone] FEIN Number: 31-0715697

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Rule Filing Fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Modern Home Insurance Company	\$100.00	04/02/2008	19209925

<i>SERFF Tracking Number:</i>	<i>AMMH-125583707</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>20080107-08</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Rule- TRIA 2008 - CPD</i>		
<i>Project Name/Number:</i>	<i>Rule- TRIA 2008 - CPD/20080107-08</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	04/11/2008	04/11/2008

<i>SERFF Tracking Number:</i>	<i>AMMH-125583707</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>20080107-08</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Rule- TRIA 2008 - CPD</i>		
<i>Project Name/Number:</i>	<i>Rule- TRIA 2008 - CPD/20080107-08</i>		

Disposition

Disposition Date: 04/11/2008

Effective Date (New): 04/11/2008

Effective Date (Renewal): 04/11/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMMH-125583707</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>20080107-08</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Rule- TRIA 2008 - CPD</i>		
<i>Project Name/Number:</i>	<i>Rule- TRIA 2008 - CPD/20080107-08</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Filing Info	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>AMMH-125583707</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>20080107-08</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Rule- TRIA 2008 - CPD</i>		
<i>Project Name/Number:</i>	<i>Rule- TRIA 2008 - CPD/20080107-08</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *AMMH-125583707* *State:* *Arkansas*
Filing Company: *American Modern Home Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *20080107-08*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Rule- TRIA 2008 - CPD*
Project Name/Number: *Rule- TRIA 2008 - CPD/20080107-08*

Supporting Document Schedules

Satisfied -Name: Filing Info **Review Status:**
Accepted for Informational 04/11/2008
Purposes

Comments:

Attachments:

Cover Letter.pdf
AMIG T-3 01_08 rev.pdf
AMIG T-4 01_08 rev.pdf
TRIA CPD Countrywide Rate Exception.pdf
F215AR_030408[1].pdf



**AMERICAN MODERN HOME
INSURANCE COMPANY**

March 31, 2008

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: American Modern Home Insurance Company
Commercial Physical Damage Program (CPD-TRIA)
Rule filing
NAIC: 23469
FEIN: 31-0715697
Company file number: 20080107-08

Dear Reviewer,

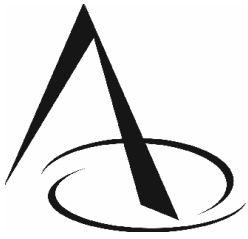
On behalf of American Modern Home Insurance Company I would like to present for your approval, revisions to our Commercial Physical Damage Policy Program. It is our intent to adopt the Terrorism Risk Insurance Program Reauthorization Act of 2007 ISO Filing Designation #CL-2007-OTRP1 (forms) and CL-2007-RTRP1 (rules). We are using the expedited filing method for this revision based upon this update being a Federal Mandated revision. Please note: there is no rate change associated with the revision, just an update to the "introduction wording".

For informational purposes, we are submitting copies of AMIG #T-3 (01/08) Notice-Offer of Terrorism Coverage Notice – Disclosure of Premium and AMIG #T-4 (01/08) Policyholder Disclosure – Notice of Terrorism Insurance Coverage.

We would like for this revision to become effective upon approval for new and renewal business. If you have any questions please contact me at 1-800-759-9008 Ext.5835 or via email at mholder@amig.com.

Sincerely,

Mellisa M. Holder
Compliance Filing Analyst



American Modern Home Insurance Company*
American Family Home Insurance Company**
American Southern Home Insurance Company
American Western Home Insurance Company
American Modern Select Insurance Company
American Modern Lloyds Insurance Company
American Modern Surplus Lines Insurance Company

NOTICE – OFFER OF TERRORISM COVERAGE
NOTICE – DISCLOSURE OF PREMIUM
NEW/RENEWAL POLICY

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER’S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Failure to pay the premium within 30 days after the effective date of your policy will constitute a rejection of the offer and your policy will automatically exclude the describe coverage.

If you choose to reject the offer, please sign and return this statement to your agent. Your policy will exclude the described coverage.

If you choose to accept this offer of coverage, your premium will be revised to include the additional premium for terrorism as stated.

<input type="checkbox"/>	I hereby elect to purchase Terrorism coverage for a prospective premium of \$_____. Please return premium to your agent listed below.
<input type="checkbox"/>	I hereby decline to purchase coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

NAMED INSURED:
POLICY NUMBER:
AGENT:

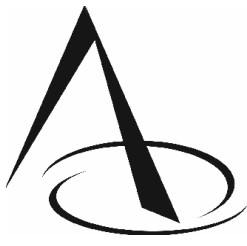
Policyholder/Applicant’s Signature & Date

Print Name

*** California & Wyoming known as American Modern Insurance Company;**

****California known as AFH Insurance Company**

EXECUTIVE OFFICES / 7000 MIDLAND BOULEVARD / AMELIA, OHIO 45102-2607
MAILING ADDRESS / P.O. BOX 5760 / CINCINNATI, OHIO 45201-5670 / TEL. (513) 943-7200



American Modern Home Insurance Company*
American Family Home Insurance Company**
American Southern Home Insurance Company
American Western Home Insurance Company
American Modern Select Insurance Company
American Modern Lloyds Insurance Company
American Modern Surplus Lines Insurance Company

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE
NEW/RENEWAL POLICY

Coverage for acts of terrorism is included in your policy.

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in section 102(1) of the Act: the term "act of terrorism" means any act that is certified by the Secretary of the Treasury-in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premise of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 Billion cap that limits U.S. Government reimbursement as well as insurer' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 Billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 Billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ 0 and does not include any charges for the portion of losses covered by the United States government under the Act.

NAMED INSURED:
POLICY #:
AGENT:

***California & Wyoming known as American Modern Insurance Company**
****California known as AFH Insurance Company**

EXECUTIVE OFFICES / 7000 MIDLAND BOULEVARD / AMELIA, OHIO 45102-2607
MAILING ADDRESS / P.O. BOX 5760 / CINCINNATI, OHIO 45201-5670 / TEL. (513) 943-7200
AMIG #T-4 (01/08)

COMMERCIAL PHYSICAL DAMAGE POLICY

COUNTRY WIDE RATE EXCEPTION PAGE

RULE A## TERRORISM PRICING – FEDERAL BACKSTOP

A. Introduction

The "Terrorism Risk Insurance Act " ("TRIA"), establishes a program within the Department of the Treasury in which the Federal Government will share the risk of loss from terrorist attacks with the insurance industry. Federal participation will be triggered when the Secretary of the Treasury certifies an act of terrorism, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism provided the terrorist act results in aggregate losses in excess of an amount stated in the Act. With respect to insured losses resulting from a certified act of terrorism, the Federal Government will reimburse individual insurers for a percentage of losses (as stated in the Act) in excess of the insurer's retention, which is based on a specified percentage of the insurer's earned premium for the year preceding the loss. Insured losses covered by the program are capped at \$100 billion per year; this provision serves to limit insurers' liability for losses. If a terrorism event pierces the cap of a given year, insured losses paid (amounts below the cap) under the federal program may be subject to pro rata allocation in accordance with procedures established by the Treasury.

B. Premium Determination

1. Scheduled Units

Apply the following factor to the developed premium to determine the additional premium charge for "certified acts of terrorism".

Factor
.03

2. Blanket

Multiply the annual rate by total of all limits (in hundreds) by the Following factor to determine the additional premium charge for "certified acts of terrorism".

Factor
.03

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
American Modern Home Insurance Company	OH	23469	31-0715697

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Mellisa Holder PO Box 5323 Cincinnati, OH 45102	800-759-9008 x 5835	513-947-4929	mholder@amig.com

Filing information

Line of Insurance (see attachment)	Commercial
Company Program Title (Marketing title) (if applicable)	TRIA 2008 - CPD
Filing Type ** see note below	File and Use
This application is used with:	n/a
Effective Date Requested	Upon Approval
Filing date	03/28/2008
Company Tracking Number	20080107-08
Date filing approved in domiciliary state, if applicable	02/25/2008

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Policyholder Disclosure – Notice of Terrorism Insurance Coverage.	AMIG #T-4 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Notice-Offer of Terrorism Coverage Notice – Disclosure of Premium	AMIG #T-3 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;
and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Mellisa M. Holder
Signature

Mellisa M. Holder
Print Name:

Filing Analyst
Title: